

PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Globe

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 207

County Registrar No. \_\_\_\_\_

Local Registrar No. 160

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Rose Mary Coleman } If child is not yet named, make supplemental report, as directed.3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth 7-30-27 Month day year5. FATHER Full name Patrick Henry Coleman 14. MOTHER Full maiden name Emma McMillen9. Residence (Usual place of abode) Globe 15. Residence (Usual place of abode) Globe Ariz

If nonresident, give place and state \_\_\_\_\_ If nonresident, give place and state \_\_\_\_\_

10. Color or race W. 11. Age at last birthday 49 (Years) 16. Color or race W. 17. Age at last birthday 34 (Years)12. Birthplace (city or place) Missouri 18. Birthplace (city or place) Buchler(State or country) \_\_\_\_\_ (State or country) Reno County - KANSAS13. Occupation Piano Tuner 19. Occupation Housewife

Nature of industry \_\_\_\_\_ Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living 6 21. Were precautions taken against ophthalmia neonatorum? Yes(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* 30

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 12:45 on the date above stated.

(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Dr. W. J. Hunt (Physician or midwife)Address Globe Ariz.

Given name added from \_\_\_\_\_

a supplemental report \_\_\_\_\_

Month, day, year.

Filed 7-31-27 Local Registrar.

Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

935-730-545

THIS IS A PER-  
MUTUAL must be made  
ted.